

APPLICATION FOR REGISTRATION NATURAL GAS DISPENSING STATION



Department of Professional and Financial Regulation
Office of Licensing and Registration

PROPANE AND NATURAL GAS BOARD

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8606
Hearing Impaired: 1-888-577-6690
Website: www.MaineProfessionalReg.org

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

Natural Gas Dispensing Station Registration

COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

- Natural Gas Dispensing Station Registration application and payment for \$150.00
- Detailed plans of the Dispensing Station including photos, a cross-sectional view, front and side elevations, and a plot plan addressing the items listed in the checklist below
- Limited Operator application

Incomplete applications will be returned.

DISPENSING STATIONS – All dispensing station owners must register the dispensing station with the Board. A dispensing station that undergoes a major repair, revision or relocation must provide the Board with updated information within 30 days of the completion of the change.

LIMITED OPERATOR – The Limited Operator is responsible for training other dispensing station employees and documenting that training. The training documentation must be kept at the station. A record of this training for all operators must be maintained on-site at all times and available for inspection (refer to Dispensing Station Affidavit).

REFERENCE CHECKLIST FOR SITE PLAN

A. Front and Side Elevations

1. Protection
 - a. Collision
 - b. Flood
 - c. Tampering
 - d. Fire Extinguishment

B. Plot Plan

1. Distance from tank to
 - a. Buildings
 - b. Street
 - c. Property Lines
 - d. Other Propane or Fuel Storage Tanks
 - e. Ignition Sources
 - f. Fence
 - g. Dispenser(s)

NATURAL GAS DISPENSING STATION REGISTRATION

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
PROPANE AND NATURAL GAS BOARD
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8606 FAX: (207)624-8636
HEARING IMPAIRED: 1-888-577-6690

Office Use Only

Cash #: _____

License #: _____

Date Issued: _____

4510-1446 \$ 20.00

4510-1422 \$130.00

APPLICATION FEE: \$ 20.00 (non-refundable)
LICENSE FEE: \$130.00
TOTAL DUE: \$150.00

PAYMENT OPTIONS: ☐ Check or Money Order Payable to "Treasurer State of Maine".

☐ Credit Card: MasterCard or VISA Only. Complete the following:

I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA ☐☐☐☐ - ☐☐☐☐☐ - ☐☐☐☐☐ Exp. Date ____/____/____ in the amount of \$150.00. Signature: _____

NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS. This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

SOCIAL SECURITY NUMBER. The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Name of facility:

Contact Address of facility:

City:

State:

Zip Code:

County:

Telephone: (____) _____ - _____

Social Security Number of Federal I.D. Number:

Limited Operator's Name:

Limited Operator's

Telephone: (____) _____ - _____

Name of Owner of Dispensing Station Equipment:

Telephone: (____) _____ - _____

Address of Owner:

City:

State:

Zip Code:

Type of Tanks: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal	Number of Tanks: _____						
Water Capacity Per Tank: _____	Tank(s) Protected: _____						
Distances From: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Nearest Building</td> <td style="width: 50%;">_____ Sources of Ignition</td> </tr> <tr> <td>_____ Intake to Direct Vent Appliance</td> <td>_____ Property Line</td> </tr> <tr> <td>_____ Flammable or Combustible Liquid Tank (s)</td> <td>_____ Street</td> </tr> </table>		_____ Nearest Building	_____ Sources of Ignition	_____ Intake to Direct Vent Appliance	_____ Property Line	_____ Flammable or Combustible Liquid Tank (s)	_____ Street
_____ Nearest Building	_____ Sources of Ignition						
_____ Intake to Direct Vent Appliance	_____ Property Line						
_____ Flammable or Combustible Liquid Tank (s)	_____ Street						
Is Tank: <input type="checkbox"/> Aboveground <input type="checkbox"/> Mounded <input type="checkbox"/> Underground							
Nature of Foundation: _____							
Are Grounds Readily Accessible to the Public? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Are the Valves Protected Form Tampering? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Name of Individual or Firm Who Will Construct: _____							

DIRECTIONS TO DISPENSING STATION FROM AUGUSTA, MAINE

I HEREBY CERTIFY that this application, and any material submitted, contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand that my answers may be verified and that I may be declared ineligible for registration, upon investigation, if the statement is found to be misrepresented or false. Title 32, Chapter 130, § 14806 authorizes the Board to refuse to issue or renew a license to anyone found guilty of the practice of fraud, misrepresentation or concealment of material facts in obtaining a registration.

Dispensing Station Owner

Date

The dispensing station owner is responsible for signing this application.

FOR YOUR INFORMATION

This application is subject to compliance with local ordinances and permission for installation granted by local authorities when required. Approval subject to inspection of the tanks and surrounding premises as completed. The onsite operator of the dispensing station must hold a limited operator's license issued by the board. Training must occur before dispensing station employees may fill cylinders and the training documentation must be kept on-site.

PLEASE PROVIDE DETAILED PLANS INCLUDING A CROSS-SECTIONAL VIEW, FRONT AND SIDE ELEVATIONS, AND A PLOT PLAN ADDRESSING THE ITEMS LISTED ON THE NEXT PAGE

DIAGRAM OF FACILITY

DO NOT WRITE IN THIS BLOCK

PLANS APPROVED: _____

INSPECTED BY: _____ DATE: _____

APPROVED: _____

NOT APPROVED: _____

RECOMMENDATIONS: _____

NATURAL GAS LIMITED OPERATOR LICENSE APPLICATION

DATE RECEIVED

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
PROPANE AND NATURAL GAS BOARD
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8606 FAX: (207)624-8636
HEARING IMPAIRED: 1-888-577-6690

PLEASE NOTE: IT IS THE RESPONSIBILITY OF THE DISPENSING STATION OWNER TO ENSURE THAT LIMITED OPERATORS ARE REGISTERED WITHIN 14 DAYS OF HIRE IN ORDER TO DISPENSE PROPANE. OPERATOR TRAINING SHALL OCCUR ON AN ANNUAL BASIS AND EVIDENCE OF TRAINING MUST BE FILED WITH THE BOARD AT THE TIME OF LICENSE RENEWAL.

NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS. This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

SOCIAL SECURITY NUMBER. The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Name of applicant:		
Contact Address:		
City:	State:	Zip Code:
County:	Home Telephone: () - Work Telephone: () -	
Social Security Number:		
Date of Birth: / /		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Facility:		License #:
Mailing Address of Facility:		
City:	State:	Zip Code:
County:	Date of Hire:	

Have you ever been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No
If yes, please list date(s), crime(s) and submit a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction.

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY STATEMENTS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE CERTIFICATE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED. TITLE 32, CHAPTER 130, § 14806 AUTHORIZES THE BOARD TO REFUSE TO ISSUE OR RENEW A LICENSE TO ANYONE FOUND GUILTY OF THE PRACTICE OF FRAUD, MISREPRESENTATION OR CONCEALMENT OF MATERIAL FACTS IN OBTAINING A LICENSE.

Applicant's
Signature: _____ Date: _____

APPLICANTS CURRENTLY LICENSED AS PLANT OPERATORS AND/OR DELIVERY TECHNICIANS DO NOT NEED TO COMPLETE THE FOLLOWING AFFIDAVIT.

I am currently licensed as: ☐ Plant Operator ☐ Delivery Technician

License Number: _____

AFFIDAVIT

I hereby certify that _____ has
(Name of Applicant)
been properly trained.

Dated: _____

Signature of Company Representative

Company Representative Name Typed or Printed

Company Name of Owner of the Filling Equipment

Signature of Training Representative

Training Representative Name Typed or Printed

NATURAL GAS DISPENSING STATION AFFIDAVIT

I hereby certify that the following list of dispensing station operators have been properly trained. I have also verified that each dispensing station operator is at least 18 years of age.

DISPENSING STATION OPERATOR(S) NAME:

PLEASE TYPE OR PRINT WITH INK.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Dated: _____

Signature of Owner/Operator

Owner/Operator Name Typed or Printed

Company Name of Operator

TO BE POSTED AT FACILITY

CHANGE OF NATURAL GAS LIMITED OPERATOR LICENSE APPLICATION

DATE RECEIVED

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
PROPANE AND NATURAL GAS BOARD
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8606 FAX: (207)624-8636
HEARING IMPAIRED: 1-888-577-6690

PLEASE NOTE: IT IS THE RESPONSIBILITY OF THE DISPENSING STATION OWNER TO ENSURE THAT LIMITED OPERATORS ARE REGISTERED WITHIN 14 DAYS OF HIRE IN ORDER TO DISPENSE PROPANE. OPERATOR TRAINING SHALL OCCUR ON AN ANNUAL BASIS AND EVIDENCE OF TRAINING MUST BE FILED WITH THE BOARD AT THE TIME OF LICENSE RENEWAL.

NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS. This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

SOCIAL SECURITY NUMBER. The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Name of applicant:		
Contact Address:		
City:	State:	Zip Code:
County:	Home Telephone: (____) _____ - _____ Work Telephone: (____) _____ - _____	
Social Security Number:		
Date of Birth: ____ / ____ / ____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Name of Facility:		License #:
Mailing Address of Facility:		
City:	State:	Zip Code:
County:	Date of Hire:	

Have you ever been convicted of a crime other than a minor traffic violation? ☐Yes ☐No
If yes, please list date(s), crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY STATEMENTS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE CERTIFICATE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED. TITLE 32, CHAPTER 130, § 14806 AUTHORIZES THE BOARD TO REFUSE TO ISSUE OR RENEW A LICENSE TO ANYONE FOUND GUILTY OF THE PRACTICE OF FRAUD, MISREPRESENTATION OR CONCEALMENT OF MATERIAL FACTS IN OBTAINING A LICENSE.

Applicant's

Signature: _____ Date: _____

APPLICANTS CURRENTLY LICENSED AS PLANT OPERATORS AND/OR DELIVERY TECHNICIANS DO NOT NEED TO COMPLETE THE FOLLOWING AFFIDAVIT.

I am currently licensed as: ☐ Plant Operator ☐ Delivery Technician

License Number: _____

AFFIDAVIT

I hereby certify that _____ has
(Name of Applicant)
been properly trained.

Dated: _____

Signature of Company Representative

Company Representative Name Typed or Printed

Company Name of Owner of the Filling Equipment

Signature of Training Representative

Training Representative Name Typed or Printed